

SERFF Tracking Number: BFLI-127111902 State: Arkansas
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 48408
 Company Tracking Number: AR B 20620 R11
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Indemnity Riders
 Project Name/Number: /

Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Hospital Indemnity Riders SERFF Tr Num: BFLI-127111902 State: Arkansas
 TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved-Closed State Tr Num: 48408

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: AR B 20620 R11 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Disposition Date: 04/11/2011
 Authors: Jill Jones, Bridgett Williams, Tina Cunningham, Lyn Ezell, T. Allen Park, Sharon White, Ron Crow, Norma Christopher
 Date Submitted: 04/04/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number:
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: submitted to the Georgia Department of Insurance on 03-23-2011

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 04/11/2011
 State Status Changed: 04/11/2011

Deemer Date:
 Submitted By: Tina Cunningham
 Filing Description:

Created By: Tina Cunningham
 Corresponding Filing Tracking Number:

These optional riders will be issued with our Hospital Indemnity policy, which has been previously approved by your Department as indicated in the Forms Use List attached to the Supporting Documentation tab. The Surgical Benefit Rider provides benefits for surgery performed in or out of a hospital. The Health Screening Rider provides benefits for certain diagnostic tests and procedures. Outlines of Coverage for each rider are included. An actuarial memorandum demonstrating cost and benefit structure is also enclosed for your review and approval.

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Company and Contact

Filing Contact Information

Tina Cunningham, Compliance Analyst L1 tcunningham@atlam.com
 4370 Peachtree Road NE 404-266-5723 [Phone]
 Atlanta, GA 30319 404-926-4092 [FAX]

Filing Company Information

Bankers Fidelity Life Insurance Company CoCode: 61239 State of Domicile: Georgia
 4370 Peachtree Rd NE Group Code: 587 Company Type: Life & Health
 Atlanta, GA 30319 Group Name: 61239 State ID Number:
 (404) 266-5600 ext. [Phone] FEIN Number: 58-0658963

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 4 @ 25.00 each form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$100.00	04/04/2011	46230907
Bankers Fidelity Life Insurance Company	\$100.00	04/06/2011	46334180

SERFF Tracking Number: BFLI-127111902 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/11/2011	04/11/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/06/2011	04/06/2011	Tina Cunningham	04/06/2011	04/06/2011

SERFF Tracking Number: BFLI-127111902 State: Arkansas
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Disposition

Disposition Date: 04/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Surgical Benefit Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Health Screening Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

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TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Hospital Indemnity Riders
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/06/2011

Submitted Date 04/06/2011

Respond By Date

Dear Tina Cunningham,

This will acknowledge receipt of the captioned filing.

Objection 1

- Surgical Benefit Rider , B 20620 R11 (Form)
- Outline of Coverage, B 20620 R11 OC (Form)
- Health Screening Rider, B 20620 R12 (Form)
- Outline of Coverage, B 20620 R12 OC (Form)

Comment: Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: Hospital Indemnity Riders
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/06/2011
Submitted Date 04/06/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: An additional amount of \$100.00 has been submitted.

Related Objection 1

Applies To:

- Surgical Benefit Rider , B 20620 R11 (Form)
- Outline of Coverage, B 20620 R11 OC (Form)
- Health Screening Rider, B 20620 R12 (Form)
- Outline of Coverage, B 20620 R12 OC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

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Bridgett Williams, Jill Jones, Lyn Ezell, Norma Christopher, Ron Crow, Sharon White, T. Allen Park, Tina Cunningham

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Form Schedule

Lead Form Number: B 20620 R11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/11/2011	B 20620 R11	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Surgical Benefit	Initial		51.500	B 20620 R11 doe.pdf
Approved-Closed 04/11/2011	B 20620 R11 OC	Outline of Coverage	Outline of Coverage	Initial		52.300	B 20620 R11 OC.pdf
Approved-Closed 04/11/2011	B 20620 R12	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Health Screening	Initial		45.500	B 20620 R12 doe.pdf
Approved-Closed 04/11/2011	B 20620 R12 OC	Outline of Coverage	Outline of Coverage	Initial		46.600	B 20620 R12 OC.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

SURGICAL BENEFIT RIDER

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums.

The benefits provided by this Rider are in addition to and exclusive of any of the benefits provided by the Policy to which this Rider is attached. With respect only to the specific benefits provided by this Rider, the terms and conditions of this Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to this Rider. The terms and conditions of this Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

BENEFITS

Surgical Benefit Amount: \$[1,000 – 10,000]

Surgical Expenses

After this Rider has been in force for a continuous period of twelve (12) months, We will pay the lesser of the actual charges by a surgeon or the amount shown in the Surgical Schedule when the Covered Person undergoes a surgical operation which has been recommended by and performed under the supervision of a Physician. Amounts payable for the most common surgical procedures are listed in the Surgical Schedule. For surgeries not listed in the schedule the amount of benefit will be commensurate with those listed

If two (2) or more surgeries are performed on the same surgical occasion, either through the same or different incisions, We will pay for the surgery providing the largest benefit.

Anesthesia Expenses

We will pay the lesser of the actual charge made by the anesthesiologist or [25]% of the surgical benefit paid.

LIMITATIONS AND EXCLUSIONS

Benefits under this Rider are not payable until this Rider has been in force for a continuous period of twelve (12) months.

TERMINATION

Benefits under this Rider will terminate for each Covered Person on their 65th birthday.

This Rider will terminate on the earliest of the following events:

1. the date on which benefits have terminated for all Covered Persons based on their attaining age 65;
2. termination of the Policy to which it is attached;
3. Your failure to pay any premium due for this Rider; or
4. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY has caused this Rider to be signed by its President.



President

SURGICAL SCHEDULE

Amounts payable for the most common surgical procedures are listed in the Surgical Schedule. For surgeries not listed in this Schedule the amount of benefit will be commensurate with those listed.

Procedure	Fee Allowance (per \$1,000 Surgical Benefit Amount)
Cardiovascular System	
Coronary artery bypass, vein only:	
Single coronary venous graft	840.00
Two coronary venous grafts.....	900.00
Three coronary venous grafts.....	960.00
Four or more coronary venous grafts.....	1,000.00
Ligation and division and complete stripping of long and short saphenous veins	260.00
Digestive System	
Appendectomy.....	260.00
Cholecystectomy (removal of gallbladder)	370.00
Hemorrhoidectomy, external, complete	100.00
Hemorrhoidectomy, internal and external, simple	160.00
Repair recurrent inguinal hernia.....	274.00
Repair recurrent femoral hernia; reducible.....	274.00
Tonsillectomy and adenoidectomy, under age 12	132.00
Eyes and Ears	
Removal of secondary membranous cataract with corneoscleral section	360.00
Myringotomy including aspiration and/or eustachian tube inflation.....	26.00
Integumentary System	
Puncture aspiration of cyst of breast	24.00
Destruction of flat warts, molluscum contagiosum, or milia; up to 14 lesions	16.00
Destruction, all benign or other than skin tags or cutaneous vascular proliferative lesions.....	24.00
Destruction, malignant lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	26.00
Mastectomy, simple, complete.....	270.00
Musculoskeletal System	
Amputation, metatarsal, with toe, single.....	116.00
Amputation leg, through tibia and fibula	290.00
Arthroscopy, knee; with lateral release, debridement/shaving of articular cartilage.....	364.00
Arthroscopy, shoulder; with removal of loose body or foreign body, debridement, limited	390.00
Excision of ganglion, wrist (dorsal or volar); primary	118.00
Nervous System	
Burr hole(s) or trephine, infratentorial, unilateral or bilateral.....	510.00
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equine:	
cervical, one or two vertebral segments.....	700.00
lumbar, one or two vertebral segments.....	660.00
thoracic, one or two vertebral segments.....	700.00
Simple intracranial aneurysm, intracranial approach; carotid circulation	1,000.00

Procedure	Fee Allowance (per \$1,000 Surgical Benefit Amount)
Reproductive System	
Dilation and curettage, diagnostic and/or therapeutic (nonobstretical).....	104.00
Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	52.00
Hysterectomy, total abdominal.....	442.00
Biopsy, prostate; needle or puch, single or multiple, any approach.....	28.00
Prostatectomy, retropubic radical, with or without nerve sparing.....	520.00
Transurethral resection of prostate, first stage of two-stage resection (partial resection)	460.00
Respiratory System	
Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	500.00
Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent.....	40.00
Urinary System	
Lithotripsy, extracorporeal shock wave	750.00
Renal endoscopy through nephrotomy or pyelotomy, with removal of foreign body.....	294.00
Transurethral resection of bladder neck (separate procedure).....	200.00
Obstetrical*	
Vaginal delivery *	210.00
Cesarean delivery *	290.00

* Benefits reduced 90% for loss incurred during first year rider is in force.

**Retain
This
Outline
for Your
Records**

BANKERS FIDELITY LIFE INSURANCE COMPANY
4370 Peachtree Road, NE, Atlanta, Georgia 30319 404-266-5600 800-241-1439

OUTLINE OF COVERAGE – OPTIONAL RIDER
Surgical Benefit Rider – Form B 20620 R11

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of the optional Surgical Benefit Rider. This is not the insurance contract and only the actual policy provisions, along with those in the Rider, will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

The benefits provided by the Rider are in addition to and exclusive of any of the benefits provided by the Policy to which the Rider is attached. With respect only to the specific benefits provided by the Rider, the terms and conditions of the Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to the Rider. The terms and conditions of the Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

- (2) **BENEFITS – Surgical Benefit Amount Applied for: \$_____ (minimum \$100; maximum \$1,000)**

Surgical Expenses: After the Rider has been in force for a continuous period of twelve (12) months, We will pay the lesser of the actual charges by a surgeon or the amount shown in the Surgical Schedule when the Covered Person undergoes a surgical operation which has been recommended by and performed under the supervision of a Physician. Amounts payable for the most common surgical procedures are listed in the Surgical Schedule. For surgeries not listed in the schedule the amount of benefit will be commensurate with those listed. If two (2) or more surgeries are performed on the same surgical occasion, either through the same or different incisions, We will pay for the surgery providing the largest benefit. **Anesthesia Expenses:** We will pay the lesser of the actual charge made by the anesthesiologist or [15]% of the surgical benefit paid.

All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

- (3) **LIMITATIONS AND EXCLUSIONS** - Benefits under the Rider are not payable until the Rider has been in force for a continuous period of twelve (12) months.
- (4) **PREMIUMS** - Premiums are subject to change in accordance with the terms of the Policy to which the Rider is attached.

Premium Amount: \$_____ Mode: _____

- (5) **TERMINATION** - Benefits under the Rider will terminate for each Covered Person on their 65th birthday. The Rider will terminate on the earliest of the following events: (a) the date on which benefits have terminated for all Covered Persons based on their attaining age 65; (b) termination of the Policy to which it is attached; (c) Your failure to pay any premium due for the Rider; or (d) Your written request for termination.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

HEALTH SCREENING RIDER

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums.

The benefits provided by this Rider are in addition to and exclusive of any of the benefits provided by the Policy to which this Rider is attached. With respect only to the specific benefits provided by this Rider, the terms and conditions of this Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to this Rider. The terms and conditions of this Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

DEFINITIONS

COVERED PERSON(S) - the person(s) insured under this Rider. This(These) person(s) is(are) named on Page 3 of the Policy as the Insured and other Covered Persons, if any. All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

BENEFITS

After this Rider has been in force for a continuous period of twelve (12) months, We will pay the actual charges up to the Calendar Year Maximum Benefit of \$[100, 200] for each Covered Person, when the Covered Person is given any of the following examinations or tests, which has been recommended by or performed under the supervision of a Physician:

Blood Test for Triglycerides	Electrocardiogram
Bone Marrow Testing	Electroencephalogram
Breast Ultrasound	Endoscopy
CA 15-3 (blood test for breast cancer)	Fasting Blood Glucose Test
CA 125 (blood test for ovarian cancer)	Flexible Sigmoidoscopy
Cardiac Stress Test	Hemoccult Stool Analysis
CEA (blood test for colon cancer)	Mammography
Chest X-ray	Pap Smear
Colonoscopy	PSA (blood test for prostate cancer)
Complete Blood Count	Serum Cholesterol Test to determine level of HDL and LDL
Cystoscopy	Serum Protein Electrophoresis (blood test for myeloma)
Echocardiogram	Thermography

LIMITATIONS AND EXCLUSIONS

Benefits under this Rider are not payable until this Rider has been in force for a continuous period of twelve (12) months.

Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.

TERMINATION

Benefits under this Rider will terminate for each Covered Person on their 65th birthday.

This Rider will terminate on the earliest of the following events:

1. the date on which benefits have terminated for all Covered Persons based on their attaining age 65;
2. termination of the Policy to which it is attached;
3. Your failure to pay any premium due for this Rider; or
4. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY has caused this Rider to be signed by its President.



President

Retain
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Outline
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Records

BANKERS FIDELITY LIFE INSURANCE COMPANY
4370 Peachtree Road, NE, Atlanta, Georgia 30319 404-266-5600 800-241-1439

OUTLINE OF COVERAGE – OPTIONAL RIDER
Health Screening Rider – Form B 20620 R12

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of the optional Health Screening Rider. This is not the insurance contract and only the actual policy provisions, along with those in the Rider, will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

The benefits provided by the Rider are in addition to and exclusive of any of the benefits provided by the Policy to which the Rider is attached. With respect only to the specific benefits provided by the Rider, the terms and conditions of the Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to the Rider. The terms and conditions of the Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

- (2) **BENEFITS** - After the Rider has been in force for a continuous period of 12 months, We will pay the actual charges up to the Calendar Year Maximum Benefit for each Covered Person, when the Covered Person is given any of the following examinations and tests, which has been recommended by or performed under the supervision of a Physician:

Calendar Year Maximum Benefit Applied For (check one only): \$100 \$200

Blood Test for Triglycerides	Electrocardiogram
Bone Marrow Testing	Electroencephalogram
Breast Ultrasound	Endoscopy
CA 15-3 (blood test for breast cancer)	Fasting Blood Glucose Test
CA 125 (blood test for ovarian cancer)	Flexible Sigmoidoscopy
Cardiac Stress Test	Hemoccult Stool Analysis
CEA (blood test for colon cancer)	Mammography
Chest X-ray	Pap Smear
Colonoscopy	PSA (blood test for prostate cancer)
Complete Blood Count	Serum Cholesterol Test to determine level of HDL and LDL
Cystoscopy	Serum Protein Electrophoresis (blood test for myeloma)
Echocardiogram	Thermography

All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

- (3) **LIMITATIONS AND EXCLUSIONS** - Benefits under the Rider are not payable until the Rider has been in force for a continuous period of twelve (12) months. Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.
- (4) **PREMIUMS** - Premiums are subject to change in accordance with the terms of the Policy to which the Rider is attached.

Premium Amount: \$ _____ **Mode:** _____

- (5) **TERMINATION** - Benefits under the Rider will terminate for each Covered Person on their 65th birthday. The Rider will terminate on the earliest of the following events: (a) the date on which benefits have terminated for all Covered Persons based on their attaining age 65; (b) termination of the Policy to which it is attached; (c) Your failure to pay any premium due for the Rider; or (d) Your written request for termination.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/11/2011
Comments:		
Attachments:		
B 20620 R11-12 Flesch Cert.pdf		
Guaranty Association Notice B 0076 AR.pdf		
Consumer Notice B 0034 AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	04/11/2011
Comments:		
Attachment:		
AR B 20620 R11-R12 Variability and Forms Use List.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	04/11/2011
Comments:		
Attachments:		
B 20620 R11 OC.pdf		
B 20620 R12 OC.pdf		

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are member of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers’ care in selecting the insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

The Arkansas Life and Health Insurance Guaranty Association
C/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72202

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different type of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

The following information is being provided to you in accordance with Act 197 of the Arkansas Department of Insurance Regulations:

Bankers Fidelity Life Insurance Company

Policyholder Service Department

4370 Peachtree Road, N.E.

Atlanta, Georgia 30319

Toll-Free: 866-458-7500

Fax: (404) 926-4033

bflphs@atlam.com

If we at Bankers Fidelity Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Department of Insurance

Consumer Service Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

(510) 371-2640, (800) 852-5494

Fax: (501) 371-2749

insurance.consumers@arkansas.gov

Your Agent:

{FId0240}

{FId0241} {FId0242}

{FId0243} {FId0244}

{FId0245}

This notice is for information only and does not become a part or condition of your policy.

STATEMENT OF VARIABILITY

Hospital Recovery Rider – B 20620 R11

<u>Item</u>	<u>Page #</u>	<u>Description of Variability</u>
Daily Hospital Recovery Rider Benefit Amount	1	2
Maximum Period of Confinement	2	Number of Days issued to Insured

Health Screening Rider – B 20620 R12

<u>Item</u>	<u>Page #</u>	<u>Description of Variability</u>
Calendar Year Maximum Benefit	1	Benefit Amount issued to Insured

FORMS USE LIST

Arkansas

The Hospital Recovery Rider and Health Screening Rider may be issued with policy form B 20620 AR, which was approved by the Department on 07-31-2006.

These riders may be solicited on application form B 20620 AP2007, which was approved by the Department on 05-16-2007; or, on application form B 0093 AP2011, which is being submitted to the Department for prior review and approval under a separate SERFF filing.

**Retain
This
Outline
for Your
Records**

BANKERS FIDELITY LIFE INSURANCE COMPANY
4370 Peachtree Road, NE, Atlanta, Georgia 30319 404-266-5600 800-241-1439

OUTLINE OF COVERAGE – OPTIONAL RIDER
Surgical Benefit Rider – Form B 20620 R11

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of the optional Surgical Benefit Rider. This is not the insurance contract and only the actual policy provisions, along with those in the Rider, will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

The benefits provided by the Rider are in addition to and exclusive of any of the benefits provided by the Policy to which the Rider is attached. With respect only to the specific benefits provided by the Rider, the terms and conditions of the Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to the Rider. The terms and conditions of the Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

- (2) **BENEFITS – Surgical Benefit Amount Applied for: \$_____ (minimum \$100; maximum \$1,000)**

Surgical Expenses: After the Rider has been in force for a continuous period of twelve (12) months, We will pay the lesser of the actual charges by a surgeon or the amount shown in the Surgical Schedule when the Covered Person undergoes a surgical operation which has been recommended by and performed under the supervision of a Physician. Amounts payable for the most common surgical procedures are listed in the Surgical Schedule. For surgeries not listed in the schedule the amount of benefit will be commensurate with those listed. If two (2) or more surgeries are performed on the same surgical occasion, either through the same or different incisions, We will pay for the surgery providing the largest benefit. **Anesthesia Expenses:** We will pay the lesser of the actual charge made by the anesthesiologist or [15]% of the surgical benefit paid.

All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

- (3) **LIMITATIONS AND EXCLUSIONS** - Benefits under the Rider are not payable until the Rider has been in force for a continuous period of twelve (12) months.
- (4) **PREMIUMS** - Premiums are subject to change in accordance with the terms of the Policy to which the Rider is attached.

Premium Amount: \$_____ Mode: _____

- (5) **TERMINATION** - Benefits under the Rider will terminate for each Covered Person on their 65th birthday. The Rider will terminate on the earliest of the following events: (a) the date on which benefits have terminated for all Covered Persons based on their attaining age 65; (b) termination of the Policy to which it is attached; (c) Your failure to pay any premium due for the Rider; or (d) Your written request for termination.

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BANKERS FIDELITY LIFE INSURANCE COMPANY
4370 Peachtree Road, NE, Atlanta, Georgia 30319 404-266-5600 800-241-1439

OUTLINE OF COVERAGE – OPTIONAL RIDER
Health Screening Rider – Form B 20620 R12

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of the optional Health Screening Rider. This is not the insurance contract and only the actual policy provisions, along with those in the Rider, will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

The benefits provided by the Rider are in addition to and exclusive of any of the benefits provided by the Policy to which the Rider is attached. With respect only to the specific benefits provided by the Rider, the terms and conditions of the Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to the Rider. The terms and conditions of the Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

- (2) **BENEFITS** - After the Rider has been in force for a continuous period of 12 months, We will pay the actual charges up to the Calendar Year Maximum Benefit for each Covered Person, when the Covered Person is given any of the following examinations and tests, which has been recommended by or performed under the supervision of a Physician:

Calendar Year Maximum Benefit Applied For (check one only): \$100 \$200

Blood Test for Triglycerides	Electrocardiogram
Bone Marrow Testing	Electroencephalogram
Breast Ultrasound	Endoscopy
CA 15-3 (blood test for breast cancer)	Fasting Blood Glucose Test
CA 125 (blood test for ovarian cancer)	Flexible Sigmoidoscopy
Cardiac Stress Test	Hemoccult Stool Analysis
CEA (blood test for colon cancer)	Mammography
Chest X-ray	Pap Smear
Colonoscopy	PSA (blood test for prostate cancer)
Complete Blood Count	Serum Cholesterol Test to determine level of HDL and LDL
Cystoscopy	Serum Protein Electrophoresis (blood test for myeloma)
Echocardiogram	Thermography

All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

- (3) **LIMITATIONS AND EXCLUSIONS** - Benefits under the Rider are not payable until the Rider has been in force for a continuous period of twelve (12) months. Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.
- (4) **PREMIUMS** - Premiums are subject to change in accordance with the terms of the Policy to which the Rider is attached.

Premium Amount: \$ _____ **Mode:** _____

- (5) **TERMINATION** - Benefits under the Rider will terminate for each Covered Person on their 65th birthday. The Rider will terminate on the earliest of the following events: (a) the date on which benefits have terminated for all Covered Persons based on their attaining age 65; (b) termination of the Policy to which it is attached; (c) Your failure to pay any premium due for the Rider; or (d) Your written request for termination.